

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">10/ 589854</div>	FILING DATE						
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51							
2							52							
3							53							
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45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.		2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		16	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS		18						TOTAL CLAIMS						